



*Interstate Telcom Consulting, Inc.*

Independent Telecommunications Consultants

June 26, 2014

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Mr. Jeff Richter  
PSC - Wisconsin  
PO Box 7854  
Madison, WI 53707

Re: WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Bergen Telephone Company, Study Area Code 330848. Bergen Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at [roxih@interstatetelcom.com](mailto:roxih@interstatetelcom.com) or by phone at 320/848-6641.

Sincerely,

Roxi Hacker  
Regulatory Consultant

Enclosures:

Cc: Brad Ellefson

FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL. CO
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Roxi Hacker
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	roxih@interstatel.com.com

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
----------------------------------	----------------------------------

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<div><input checked="" type="checkbox"/> &lt;-- check box if no outages to report</div>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		<input type="checkbox"/>	<input type="checkbox"/>
<2005>		<input type="checkbox"/>	<input type="checkbox"/>
<3000>	Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

  

<110>	Has your company received its ETC certification from the FCC?	(yes / no )	<input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5			
<111>	year plan" filed with the FCC?	(yes / no )	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

330848WI110Bergen.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.


<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

Page 3

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

1/1/2014	

-- See attached worksheet

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com
<810>	Reporting Carrier	The Bergen Telephone Company
<811>	Holding Company	
<812>	Operating Company	The Bergen Telephone Company

-- See attached worksheet --

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

330848WI1210Bergen.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐  
☐  
☐  
☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) **Progress Report on 5 Year Plan**  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐
☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

330848WI3000Bergen.pdf

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</b>
---	---

<010>	Study Area Code	320848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
<b>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</b>	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatelcom.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	ITCI
Name of Reporting Carrier:	BERGEN TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/25/2014
Printed name of Authorized Officer:	Brad Ellefson
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	2627369981 ext.
Study Area Code of Reporting Carrier:	330848 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BERGEN TEL CO
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/25/2014
Printed name of Authorized Agent or Employee of Agent:	Roxi Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	3208486641 ext.
Study Area Code of Reporting Carrier:	330848 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

REDACTED – FOR PUBLIC INSPECTION

REDACTED:

Bergen Telephone Company

Five Year Quality of Service Plan

2015-2019

REDACTED – FOR PUBLIC INSPECTION

SAC: 330848

State: Wisconsin

Bergen Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Bergen Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165  
STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010	General.	165.065	Emergency operation.
165.020	Definitions.	165.066	Protection of utility facilities.
165.031	Retention of records.	165.067	Interference with public service structures.
165.032	Schedules to be filed with the commission.	165.070	Provision for testing.
165.033	Exchange area boundaries.	165.071	Meter and recording equipment test facilities.
165.034	Utility accidents and interruptions.	165.072	Accuracy requirements.
165.040	Meter reading records.	165.073	Initial test.
165.041	Meter reading interval.	165.074	As-found tests.
165.042	Billing recording equipment.	165.075	Routine tests.
165.043	Information available to customers.	165.076	Request tests.
165.050	Customer billing.	165.077	Referee tests.
165.051	Deposits.	165.078	Test records.
165.052	Disconnection and refusal of service.	165.082	Traffic and operator rules.
165.0525	Deferred payment agreement.	165.083	Answering time objectives.
165.053	Customer complaints.	165.084	Dial service objectives.
165.0535	Dispute procedures.	165.085	Interoffice trunks.
165.054	Held applications.	165.086	Transmission requirements.
165.055	Directories.	165.087	Minimum transmission objectives.
165.060	Construction.	165.088	Public telephone service.
165.061	Maintenance of plant and equipment.	165.089	Interruptions of service.
165.062	Line fills.	165.090	Protective measures.
165.063	Central office equipment.	165.091	Safety program.
165.064	Interconnection service standards.		

SAC: 330848

State: Illinois

Bergen Telephone Company

Form 481 Line No: 510 Compliance with Service Quality Standards and Consumer Protection

---

As required by Illinois Administrative Code “Title 83 Chapter 1 subchapter f Part 730 – subpart E: Standards of Quality of Service”, the local services provided by Bergen Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Illinois Commerce Commission orders and rules including:

**SUBPART E: STANDARDS OF QUALITY OF SERVICE**

- Section 730.500 Adequacy of Service
- Section 730.505 Operator Handled Calls
- Section 730.510 Answering Time
- Section 730.515 Central Office Administrative Requirements
- Section 730.520 Interoffice Trunks
- Section 730.525 Transmission Requirements
- Section 730.535 Interruptions of Service
- Section 730.540 Installation Requests
- Section 730.545 Trouble Reports
- Section 730.550 Network Outages and Notification

For more details visit:

<http://www.ilga.gov/commission/icar/admincode/083/08300730sections.html>

SAC: 330848

State: Wisconsin

Bergen Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

---

Bergen Telephone Company pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
  - Back up battery service in each central office.
  - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

SAC: 330848

State: Illinois

Bergen Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

---

Pursuant to Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 785 – Fire Protection and Emergency Services for Telecommunications Facilities" Bergen Telephone Company complies with the following:

**TITLE 83: 1f – 785**

- Section 785.1 Policy
- Section 785.5 Definitions
- Section 785.10 Intent
- Section 785.15 Application of Part
- Section 785.20 Incorporation of National Codes and Standards
- Section 785.25 Interchange Data
- Section 785.30 Safety Program
- Section 785.35 Physical Security and Emergency Access
- Section 785.40 Disaster Procedures
- Section 785.45 Remote Alarm Monitoring
- Section 785.50 Pre-Emergency Planning
- Section 785.55 Technical Requirements
- Section 785.60 Training
- Section 785.65 Compliance

For more details visit:

<http://www.ilga.gov/commission/icar/admincode/083/08300785sections.html>

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330848
<015>	Study Area Name	BERGEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

[illegible]

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

July 2013

[illegible]

## **LINE 1010 – VOICE SERVICES RATE COMPARABILITY**

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$46.96, which includes the federal subscriber line charge ("SLC").

In the exchange of Bergen served by the Bergen Telephone Company, the single-line residential local rate, including any mandatory extended area service charge, is \$14.00. When the federal SLC (\$6.50) and other state fees are included, the rate becomes \$21.82.

In the exchange of South Bergen served by the Bergen Telephone Company, the single-line residential local rate, including any mandatory extended area service charge, is \$14.00. When the federal SLC (\$6.50) and other state fees are included, the rate becomes \$21.10.

Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of \$46.96

SAC: 330848  
State: Wisconsin  
Bergen Telephone Company  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

---

- Bergen Telephone Company offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

**PSC 160.03 Essential telecommunications services.**

- 1)** Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2)** “Essential telecommunications services” means all the following:
  - (a)** Single-party voice-grade service with:
    - 1.** Line quality capable of facsimile transmission.
    - 2.** Line quality capable of data transmission as specified in s.PSC 160.031.
    - 3.** Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
    - 4.** Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
    - 5.** Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
    - 6.** Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
    - 7.** Single party reverte calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
    - 8.** A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
    - 9.** Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
    - 10.** Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
    - 11.** Access to operator service.
    - 12.** Access to directory assistance.
    - 13.** Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
    - 14.** Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
    - 15.** A directory listing with the option for non-listed and non-published service.
      - (b)** Annual distribution of a local telephone directory in accordance with s.PSC 165.955.
      - (c)** Timely repair.

**PSC 160.04 Toll blocking.**

- (1)** BLOCKING OBLIGATIONS. Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

SAC: 330848  
State: Wisconsin  
Bergen Telephone Company  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

---

**(2) CHARGES.** Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

**(3) EMERGENCY SERVICE.** Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Bergen Telephone Company's Lifeline service offerings are listed in their Local Service Tariff Section 9, Sheet 1-2 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

---

Bergen Telephone Company does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

**PSC 160.02 Definitions.**

**8) "Low-income"** means a household that receives benefits from one or more of the following programs:

- (a)** Wisconsin Works
- (b)** Medical Assistance
- (c)** Supplemental security income
- (d)** Food stamps
- (e)** The low income household energy assistance program
- (f)** The Wisconsin homestead tax credit
- (g)** Badger care
- (h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

**PSC 160.06 Eligibility for low-income programs.**

**(1) LOW-INCOME ASSISTANCE ELIGIBILITY.** Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:

- (a)** An active client of at least one of the programs listed in s. PSC 160.02(8).
- (b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
- (c)** A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30<sup>th</sup>, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

SAC: 330848  
State: Wisconsin  
Bergen Telephone Company  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

---

- (2) **ELIGIBILITY RECONFIRMATION.** Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- (3) **ELIGIBILITY INQUIRY.** Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) **QUERY AUTHORIZATION.** Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) **EXCEPTIONS.** Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

**PSC 160.062 Lifeline program.**

- (1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.
- (2)
  - (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
  - (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
  - (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.
- (4)
  - (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
  - (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

SAC: 330848  
State: Wisconsin  
Bergen Telephone Company  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

---

- (c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.
- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

**PSC 160.063 Outreach for low-income assistance programs.**

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

**PSC 160.08 Telecommunications customer assistance program.**

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

# RATE FILE

State of Wisconsin/Public Service Commission  
UR-14 (5-84)

Section Number : 9	Utility Name The Bergen Telephone Company
Sheet Number : 1	
Schedule Number :	
Amendment Number : 1	

## LIFELINE PROGRAM

### A. Description

Lifeline is a program designed to provide telephone service at a monthly discounted rate to low income customers, as defined in s. PSC 160.02(8), Wis. Adm. Code. Lifeline rates are established according to s. PSC 160.062(1), (2) and (3), Wis. Adm. Code and are available to all qualified low-income customers.

### B. Regulations

The Lifeline Program is available only to qualifying low-income residential customers with a single telephone line per household.

Customers may not be disconnected from lifeline service for non-payment of toll charges.

If toll blocking is available and the customer has voluntarily elected toll blocking, a service deposit may not be collected to initiate lifeline service.

Participation in the specified programs must be verified by the telephone company through the Wisconsin Department of Workforce Development (DWD), or the Wisconsin Department of Revenue.

Customers shall complete and remit any query authorization forms or forfeit eligibility. Verification of eligibility will be deemed to be the finding of the Social Security Number (SSN) and name of the listed customer in the active records of DWD for at least one of the specified income assistance programs, or to be a recipient of the Wisconsin homestead tax credit in the past year.

Credits will appear on an eligible customer's bill on the bill date next following the date of application for the Lifeline Program. In cases where a customer's eligibility date as found in DWD records or the records of the Wisconsin Department of Revenue precedes the last bill date prior to application, credit will also be given on one month's prior bill.

Applicable to Service Rendered on and after: May 1, 2000	Date Issued
PSCW Authorization by Order No.:	Letter Date MAY 17 2000

PUBLIC SERVICE COMMISSION OF WISCONSIN  
TELEPHONE RATE FILE

THE BERGEN TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	9
Sheet No.	2
Amendment No.	601

LIFELINE PROGRAM

B. Regulations (Continued)

Except in cases where a customer's qualifying income assistance programs includes LIEAP or the Wisconsin homestead tax credit, eligibility for the Lifeline Program will continue until the bill date next following a failure to find the customer's SSN in the DWD records.

When LIEAP is one of the customer's qualifying income assistance programs, the Lifeline assistance will continue until the bill date in December next following the close of the heating season. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for Lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

The Lifeline Program is not available to customers who are dependents for federal income tax purposes as defined in 26 U.S.C. Section 152(1986) unless the customer is more than 60 years of age.

C. Rates

The applicable monthly rate for lifeline service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on 2. following.

1. Residential Local Monthly Access Line Rate  
Residential Touch Tone Rate (if applicable)  
Federal Subscriber Line Charge  
911 Charge
2. The Lifeline Service monthly credit is \$10.00

SAC: 330848

State: Illinois

Bergen Telephone Company

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

---

- Bergen Telephone Company offers Lifeline Service credit according to basic service requirements listed in Illinois Administrative Code 757.400 and 757.425:

#### **Section 757.400 Lifeline Service Requirements**

- a) Each eligible telecommunications carrier shall participate in the Lifeline Program adopted by the FCC in 47 CFR 54.Subpart E as of February 6, 2013. This incorporation does not include any later amendments or editions.
- b) Each eligible telecommunications carrier shall comply with all Lifeline Program requirements adopted by the FCC in 47 CFR 54.Subpart E as of February 6, 2013. This incorporation does not include any later amendments or editions.
- c) Each eligible telecommunications carrier shall meet additional Lifeline service requirements, if any, established by Commission Order.
- d) Each eligible telecommunications carrier shall complete Exhibit A and file an original of this report with the Chief Clerk of the Illinois Commerce Commission within 30 days after the end of each calendar quarter. Carriers that have eligible telecommunications carrier designations for both wireline and wireless operations shall report separately for wireline and wireless operations. Any LEC seeking administrative cost reimbursement shall complete Exhibit B and file an original of this report with the Chief Clerk of the Illinois Commerce Commission within 30 days after the end of each calendar year.

#### **Section 757.425 Lifeline Eligibility**

In order to be eligible to receive benefits under the Lifeline Program described in this Subpart E an individual must:

- a) Meet Lifeline Program eligibility criteria adopted by the FCC in 47 CFR 54.Subpart E as of February 6, 2012. This incorporation does not include any later amendments or editions.
- b) Meet additional eligibility criteria, if any, established by the Commission pursuant to Section 757.100(d).

REDACTED – FOR PUBLIC INSPECTION

REDACTED:

Bergen Telephone Company

Financial Data 2013

REDACTED – FOR PUBLIC INSPECTION